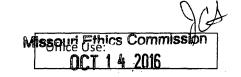


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
Date: 10-06-16			2 2
	Type: New Amended (if amending, enter MEC ID CO	& section ch	nanged 2 - 3
2.			
	odaway County Republican Central Committee		
	1156 S. Sunset Drive, Maryville, MO 64468		(660 ₎ 582-3004
	Committee Mailing Address City Chara 9 71	Karen Leader	Telephone Number
14	Committee Type: Campaign Candidate ✓ Continuing	County Clerk or Board of Election Commission (PAC) Debt Service Expl	
3.	Treasurer/Deputy Treasurer Information	and a superior such a such as a superior such as a superior such as a such as a superior such as a such as	
	Ron Moss)	
	Treasurer's Name (First & Last)		
	1156 S. Sunset Drive	(660) 582-3004	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
*		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Office & Name & Title (if any) Amendment	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back)		
5.	Official Bank Account Information (required by all committees		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
).	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	The second secon
		(')	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees r	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
.	Signature(s) Check certification(s) & sign (required by all com	mittees)	
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and a			ete true and accurate !
further acknowledge that I am aware that any false statement or declaration made herein is pe			
,	W M	•	
۴,	Committee Treasurer	Candidate (Candidate Committees Only)	